

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 1 1

2. STATE:

Missouri

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 418

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____

b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

3.1-A pg. 18a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

3.1-A pg. 18a

10. SUBJECT OF AMENDMENT:

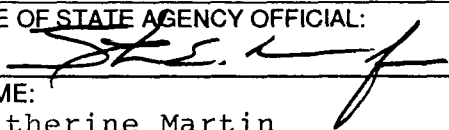
Hospice Benefit Periods and Clarification of Terminal Illness

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *cu*
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Dana Katherine Martin

14. TITLE:

Director

15. DATE SUBMITTED:

September 5, 2001

16. RETURN TO:

Division of Medical Services
615 Howerton Court
PO Box 6500
Jefferson City, MO 65102**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

09/06/01

18. DATE APPROVED:

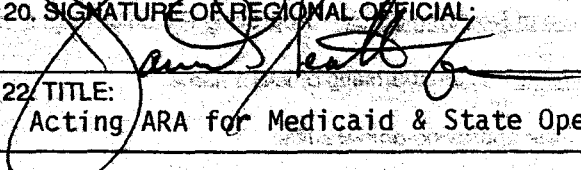
SEP 27 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10-01-01

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Nanette Foster Reilly

22. TITLE:

Acting ARA for Medicaid & State Operations

23. REMARKS:

cc:
Martin
Vadner
Waite
CO

SPA CONTROL

Date Submitted: 09/05/01

Date Received: 09/06/01

State Missouri

17. Nurse-Midwife Services

Nurse-midwife services are provided for the complete care, management and monitoring of a woman in the absence of medical complications and her unborn/newborn infant throughout the course of the normal cycle of gestation including pregnancy, labor and delivery and the initial post delivery/postpartum period not to exceed six (6) weeks; and for the routine post delivery care of the neonate, including physician examination of baby and conference with parents.

Provision of nurse-midwife services will be limited to those providers meeting the conditions of provider participation as specified in 13 CSR 70-55.010.

18. Hospice Services

Hospice services are provided for the complete comprehensive care and management of the terminal illness of the individual who has been certified by a physician as having a prognosis of a life expectancy of six months or less if the illness runs its normal course, and who elects hospice services. Hospice services are non-curative in nature and focus on pain management and support services for the terminally ill and their family. All care provided to the patient must be consistent with the plan of care established by the hospice interdisciplinary team.

Upon the election of hospice services the patient signs an agreement to waive those Medicaid services for care, treatment, or services related to their terminal illness that would be covered under the Medicaid program, other than the services provided by the elected hospice and their attending physician.

An Individual may elect to receive hospice care during one or more of the following election periods: (1) An initial 90-day period, (2) A subsequent 90-day period, (3) Unlimited subsequent 60-day periods. During each election period the recipient may change hospice one (1) time. Revocation of the election of hospice does not prohibit the recipient from returning to hospice in the future. A recipient is eligible to receive hospice services from date of election until death, as long as other hospice eligibility requirements are met.

Provision of hospice services will be limited to those providers who have been medicare and state certified as hospice providers, and shall be otherwise subject to the limitations of amounts, duration and scope as defined in state rule 13 CSR 70-50.010.